MHDGDG818

APPEAL

ASIAN PACIFIC PARTNERS FOR EMPOWERMENT AND LEADERSHIP

Mobilizing Asian American and Pacific Islander Communities on Tobacco and the Tobacco Settlement

In general, this toolkit can help you mobilize your community on the issue of tobacco and other issues. It is designed to help you advocate for tobacco settlement monies for tobacco prevention and control in Asian American and Pacific Islander communities. In addition, this toolkit may help you advocate for funding from other sources besides the settlement, such as those generated by state tobacco tax revenues.

We hear about tobacco use almost everyday. Many of us may see the harmful effects of tobacco use firsthand through friends or family members who smoke. In the news, it usually pertains to additional research findings of its damaging health effects or to lawsuits against the tobacco industry. Marketing tobacco products to youth and communities of color, sponsoring our cultural events, manipulating nicotine levels in cigarettes — their deceitful sales tactics are now more widely known.

The tobacco industry has been deceiving the American public for decades, claiming that their products are not harmful and not addictive. In between our favorite TV shows, we watch disturbing ads of tobacco companies trying to boost their public image. But the truth is that tobacco use has a negative impact on Asian American and Pacific Islander communities. It's estimated that about 20,000 Asian Americans and Pacific Islanders die from tobacco-related diseases every year.[1] Smoking kills more people than AIDS, alcohol and drug abuse, motor vehicle crashes, injuries, murders, and suicides combined.

Several AAPI groups have some of the highest smoking rates for males in the United States. Nationwide, males in the United States have a smoking rate of 24.4%.[2] However, findings from local studies show the smoking rates for males to be 72% among Laotian Americans,[3] 71% among Cambodian Americans,[4] 53% among Chuukese (Micronesia),[5] 42% among Native Hawaiians,[6] and 38% among Korean Americans.[7] Tobacco use rates are also high for Pacific Islander women and rising for Asian American women. These groups are at great risk for tobacco-related diseases such as lung cancer, heart disease, and emphysema. Furthermore, entire families are endangered through secondhand smoke.

Once confidential tobacco industry documents have shown that the tobacco industry has targeted the AAPI community since the late 1980's.[8] A local study in Southern California found a disproportionately higher percentage of tobacco billboards in AAPI neighborhoods.[9] Tobacco companies also aggressively sponsor AAPI organizations and cultural events, which allows them to build relationships with the AAPI community. In addition to targeting AAPIs in the U.S., the industry has increased its aggressive marketing efforts throughout Asia.

Facts About The Tobacco Settlements

The Parties Involved

The Plaintiffs:

Florida
Minnesota
Mississippi
Texas

Each settled individually for a combined estimate of $40 billion

The Remaining 46 States
Puerto Rico
U.S. Virgin Islands
American Samoa
Guam
Commonwealth of Northern Mariana Islands
District of Columbia

Settled collectively under the Master Settlement Agreement for $206 billion

The Defendants:

Philip Morris Incorporated

R.J. Reynolds Tobacco Company

Brown & Williamson Tobacco Corporation

Lorillard Tobacco Company

Liggett & Myers

Commonwealth Brands Incorporated

During the mid-1990's, each of the 50 states, five territories, and the District of Columbia filed lawsuits against the major tobacco companies in the U.S. — Philip Morris Incorporated, R.J. Reynolds Tobacco Company, Brown & Williamson Tobacco Corporation, Lorillard Tobacco Company, Liggett & Myers, and Commonwealth Brands Incorporated. The tobacco industry was sued for allegedly violating antitrust and consumer protection laws, withholding information about the adverse health effects of tobacco, manipulating nicotine levels to keep smokers addicted, and conspiring to hold back less risky and less addictive tobacco products from the market.

In November 1998, 46 states, Puerto Rico, the U.S. Virgin Islands, American Samoa, the Northern Mariana Islands, Guam, and the District of Columbia settled their individual lawsuits collectively under the Master Settlement Agreement (MSA) for $206 billion through 2025. Four states — Florida, Minnesota, Mississippi, and Texas — settled their

lawsuits individually in 1997 and 1998 for a combined estimate of $40 billion through 2025.

Along with the monetary payments from the tobacco companies, the MSA created some restrictions on the marketing and sale of tobacco products and tobacco corporate sponsorships. However, many of these restrictions contain loopholes, and there are many issues that are not addressed in the MSA. These provisions will not reduce tobacco use without the states dedicating a substantial amount of their settlement dollars towards tobacco prevention and control.

The MSA Includes the Following Restrictions:

- Prohibits targeting of youth in advertising, promotions, and marketing.
- Bans tobacco billboards and transit ads.
- Eliminates use of cartoon characters in advertising.
- Prohibits brand name sponsorship of events with a significant youth audience.
- Limits brand name sponsorships to one event per year per tobacco company.
- Bans payments to promote tobacco products in entertainment media.
- Limits distribution of free tobacco products to adult-only locations.
- Bans free distribution and sale of non-tobacco merchandise, including caps, jackets or bags, and other promotional items, to youth.
- Sets minimum pack size to 20 cigarettes through December 31, 2001.

What the MSA Does Not Do:

- Protect adults and children from secondhand smoke.
- Reduce youth access to tobacco products by banning vending machines, self-service displays, or Internet sales.
- Restrict tobacco advertising in magazines, even those with large youth readership.
- Restrict outdoor tobacco advertising with signs that are 14 square feet in size or smaller, including those placed next to schools and playgrounds.
- Restrict any tobacco advertising inside stores where tobacco is sold.
- Financially punish tobacco companies if youth smoking does not decline.
- Provide the FDA with the authority to regulate tobacco products.

How States Are Spending Their Settlement Money

The tobacco settlements resulted in a total of over $246 billion to be awarded over the next 25 years. While this sounds like a lot of money, it pales in comparison to the industry's $46 billion a year tobacco business in the US.[10] In 1999, the five largest cigarette manufacturers spent about $8.24 billion a year on advertising and promotion in the United States alone, which translates to more than $22.6 million per day.[11] Phillip Morris alone earned $47 billion in tobacco revenues in 1999, and brought in more than $9 billion in tobacco profits. Including all of its other products, Philip Morris had total revenues of almost $80 billion, with almost $15 billion in profits.[12] Still, the settlement monies represent a potential opportunity to address tobacco and ultimately improve the health status of all Americans.

The money was originally intended for local and statewide public health initiatives and tobacco control efforts to compensate for human suffering and economic damages caused by the tobacco industry's products. Tobacco control advocates believe that the money should be used primarily for prevention efforts. However, the MSA imposes no requirements on how states spend their MSA payments; states are free to use the funds for any purpose.

Disbursement of funds from the Master Settlement Agreement began in early 2000. Each year, state legislatures make decisions on how to allocate their state settlement dollars. According to the Campaign for Tobacco-Free Kids, as of January 15, 2002, 19 states have made substantial commitments to fund tobacco prevention and cessation, defined as more than 50% of the minimum funding level recommended for effective programs by the U.S. Centers for Disease Control and Prevention (CDC).[13] Of these states, only five met the minimum funding levels recommended by the CDC. One of these five states, Arizona, funds its program solely from state tobacco excise taxes and has not allocated any settlement dollars to tobacco control. It is also important to note that the other 14 states that have committed a substantial amount of funding for tobacco control could have met CDC's minimum funding recommendation by allocating more of their settlement dollars to their tobacco control programs.

While some states have chosen to spend a portion of their settlement dollars on tobacco prevention and control, other states are spending settlement money on road construction and a variety of other non-health-related projects such as police and juvenile hall buildings, or tax reductions. Such use defeats the purpose for the lawsuit, and will not compensate for the burden of disease and expense brought on by tobacco.

A few states have made noteworthy efforts to fund tobacco prevention programs with their settlement dollars, only to have their funding cut. During the 1999 legislative session, Hawai'i appropriated 25% of their settlement dollars to their Tobacco Prevention and Control Trust Fund, the highest percentage for any state at the time. However, during the Fall of 2001, the Hawai'i state legislature adopted a plan proposed by Governor Benjamin Cayetano which would cut future funding for the trust fund in half in order to pay for a medical school facility. Thus, tobacco control and community advocates must be wary of becoming complacent. Because the allocation must be approved by the state legislature annually, there is always the danger of the funds being diverted.

AAPI Communities Must Get Involved*

It is imperative that AAPIs directly benefit from the tobacco settlement payments. While state and local groups nationwide are competing for a share of the settlement funds, AAPI groups and other communities of color are being left out of the allocation process.

Minnesota is an example of one state that has attempted to address tobacco use in AAPI populations. Although AAPIs represent only 3% of the state's population, Minnesota has allocated almost $600,000 annually to AAPI community groups.

---

* Please refer to the APPEAL educational kit, *Making Tobacco Relevant for Asian and Pacific Islander Communities*, for more information on tobacco's harmful impact on AAPIs.

Strategies To Access Settlement Money For Your Community

STEP 1: Ground Yourself in the Community

In addressing any community health issue, it is important that you involve the community in the development and implementation of the program. When addressing tobacco issues, there is an additional challenge of involving the community because tobacco may not be seen as the highest, or even a top, priority. Policy-related issues, such as the tobacco settlement, may be an even greater challenge on which to mobilize community members.

Therefore, it is vital to assess where your community is at in terms of addressing tobacco issues, and particularly, advocating for settlement monies. If you can, convene a meeting of community leaders to identify what the issues are and type of support there may be for organizing on the settlement. This group can help address key questions such as: Are there adequate data to provide evidence for the AAPI tobacco problem? Will the local AAPI community be able to see the negative impact of tobacco? Will the community recognize the value of tobacco prevention and control to address the serious tobacco use issues? Will there be enough momentum to garner community support? At a minimum, you should talk individually with key community leaders.

STEP 2: Get in the Game

While you are assessing the community's interest and capacity to organize on the issue of tobacco settlement allocation, you or a community advocate should also begin to participate in meetings and forums with mainstream tobacco control groups about the tobacco settlement. In general, AAPIs are not well represented on mainstream tobacco control coalitions or committees. Therefore, AAPI community-based organizations must make extra efforts not only to become more familiar with tobacco and tobacco settlement "language," but also the "system" in which tobacco control and policy operate. It is also critical for mainstream tobacco control groups and advocates to become familiar with you. The relationships you build with mainstream advocates may help later on in your tobacco control efforts.

Be aware that mainstream tobacco control groups have their own agendas and their knowledge of the issues may be intimidating, but it is vital for the AAPI community to articulate its needs at the table. Connect with local, state and national tobacco control organizations. Groups such as the Campaign for Tobacco-Free Kids, the American

Lung Association, the American Cancer Society, the American Heart Association, and state and local health departments can serve as valuable resources on tobacco prevention and policy. AAPI tobacco control organizations such as the national APPEAL network and California's Asian Pacific Islander Tobacco Education Network (APITEN) can also serve as resources for your group. Besides networking with tobacco control groups, it is also important to keep up with relevant tobacco control research and literature such as the Centers for Disease Control and Prevention's *Best Practices for Comprehensive Tobacco Control Programs* and the Surgeon General's reports on tobacco use.

STEP 3: Come Together — Mobilizing a Community Task Force or Coalition

Although tobacco use is pervasive in AAPI communities throughout the country, many still do not consider tobacco prevention and control a top priority. It may take effort on your part to educate the community on tobacco issues so they perceive it as more relevant. Remind them that tobacco prevention saves lives and money, and it works! Mobilizing your community on the tobacco settlement allocation primarily involves coalition building and working with key policy makers.

Build a coalition that is diverse and representative of the community you are working with. Since most tobacco users start when they are teens, you should include youth of varying ages in your coalition. And youth can be very resourceful. If including youth is not possible due to time constraints, seek a representative from organizations that serve youths or have youth groups. This will give you access to youth and over time will help identify youth who could be part of the coalition.

Building a successful coalition may initially involve creating a core group of people who are invested in tobacco control because of the work they do or because they have a personal interest. These individuals could spark interest in the issue and bring others to the table. Also, reach out to those not normally involved in tobacco or health issues. The broader the coalition, the wider the potential support you will get. If you are able to recruit non-health coalition members, you may need to spend time explaining basic tobacco issues and even health concepts such as prevention.

Recognize that community members may have different agendas on how they see tobacco settlement monies being spent. Prepare for your coalition meetings by talking with key individuals ahead of time to assess what issues may come up during the meeting.

Involve community members at mainstream tobacco control conferences and events. Coalition members will then be able to see the larger context of the tobacco control movement and mainstream advocates can meet the community advocates.

STEP 4: Gather Data and Determine the Problem — Needs Assessment*

One of the first things you should know before attempting to access settlement dollars is how much your state or territory is allocating for tobacco control and prevention. Because there are no requirements on the use of settlement money, spending varies from state to state. Very few states are devoting substantial portions for tobacco prevention, with dollars earmarked for diverse communities. Unfortunately, most states have barely dedicated adequate amounts to address tobacco use among the general population. Worse, a few states have not even allocated a single penny for tobacco control.

In terms of spending settlement dollars for tobacco control, each state and territory falls into one of five

categories: 1) substantial funding, 2) modest amounts, 3) minimal amounts, 4) still deciding, and 5) no funding at all. Which category does your state fall under? How are the settlement allocations shaping up in your state? (See map in folder)

Find out which organizations are administering the settlement money for your state and county. Settlement dollars start off in the hands of your state legislatures, and in California and New York, your county government as well.** After allocations have been made, state and county health departments will typically be responsible for administering any portion meant for tobacco prevention or public health. Some states will have committees to advise the allocation process. Seek representation on these committees. Public forums may also be held to discuss the use of settlement funds.

After you have assessed the settlement in your state, the next question becomes, "What are the tobacco prevention needs in the community you want to serve?" Are there adequate prevalence data on your community? How can you frame data to make a case for allocation of tobacco monies to the AAPI community? Is your youth tobacco use rate rising faster than that of other youth? Is spit tobacco use a growing problem among your AAPI immigrant subgroup? Are there any tobacco cessation programs for your AAPI community? Examine the health disparities between your community and others. Be ready to explain these disparities and describe the needs of your community, including any data collection needs.

---

* Please refer to the APPEAL educational kit, *Conducting Needs Assessments for Tobacco Control in Asian American and Pacific Islander Communities*, for more information.

** California distributes 50% of its settlement money to 58 counties and the cities of Los Angeles, San Diego, San Francisco, and San Jose. In New York, a portion of the MSA payments are allocated directly to its 57 counties and New York City, based on population and their share of Medicaid costs.

STEP 5: Assess Your Allies and Competitors

Identify your allies and competitors at critical settlement meetings and within your community. Sometimes finding one advocate or "champion" in your community may make all the difference in moving an issue forward in your community. Work to collaborate and develop partnerships with other organizations such as your local and state health departments. As mentioned previously, advocates will have different agendas on how the settlement monies should be spent. Partner with those advocates who have similar issues and concerns. Seek to understand your competitors' perspective and find a common ground that can best address both of your needs.

STEP 6: Identify Your Goals and Objectives

After you have determined the areas of need in your state or community, you should be able to map out your goals and objectives. Your goals are likely influenced by your state's level of spending for tobacco control and its commitment to providing for its AAPI communities. Your goals and objectives should be based directly on the tobacco control needs of your community.

Depending on where your state is at, you may want to emphasize particular activities over others. If you live in a state that has allocated a significant portion of settlement funding for tobacco prevention in diverse populations, your main concern might be on the process of writing and submitting a proposal. On the other hand, if your state has not allocated any settlement dollars for tobacco control, your goals may be to participate in a campaign or to educate your state legislature. Your goals and objectives will vary depending on where your state is at on the following "allocation spectrum" as you implement your AAPI tobacco control strategies.

1) Your state has allocated settlement dollars but none for tobacco control.
2) Your state has not yet decided on where to allocate funds.
3) Your state has decided to allocate funds for tobacco control but is not tailoring it for diverse populations.
4) Your state is allocating funds for tobacco control and is tailoring it for diverse populations.

STEP 7: Develop Your "Plan of Attack"

Your community tobacco control coalition should begin translating goals and objectives into a plan of attack and then consider effective strategies for advocacy. Recognize that there are many different levels at which a community can advocate and that each coalition member can play a critical role in implementing a multi-pronged attack.

There may already be funding opportunities for community groups to respond. If so, then your coalition may have an easier task. Yet, a funding opportunity doesn't necessarily mean that AAPIs are a priority or that the process takes into consideration the challenges that AAPIs and other communities may face in being able to respond.

The list of strategies for advocating for adequate allocation of tobacco settlement monies can include

media advocacy, letter writing, legislative education, and joining ongoing advocacy efforts. In some cases, the first step of any of these strategies is to set up meetings or communicate with key officials, whether a legislator or a health department official. All strategies will require you to be prepared to articulate how tobacco impacts your community and what you want to see happen (i.e., your plan). Another important aspect of the strategies is relationship building; formal or informal meetings can help later in the process and sometimes at critical junctures. Use the media to highlight the problem of tobacco in your community and to inquire about what funding has been allocated to address these problems.

STEP 8: Do it and Celebrate!

Sometimes, one of the biggest challenges is to implement your "plan of attack." Don't delay — take action on your plan and follow your timelines. Stress the importance of timeliness in advocating for tobacco settlement monies to the community coalition. While it is important to take adequate time to develop trust with the community and coalition members, it is also critical to take action when allocation requires a quick and timely advocacy response.

And by all means, after you have accomplished implementing your advocacy plan, celebrate. Make sure that you acknowledge all coalition members

and community advocates who played a role in your community efforts. Reinforce the importance of the coalition coming together to address a community issue and review how far your efforts have come.

STEP 9: Stay Informed

Stay updated on events and meetings related to the settlement, and continue to voice your community's needs. Because settlement payments will be dispersed over a period of about 25 years, there will likely be ongoing opportunities to access funds. Keep yourself abreast on local and state tobacco control legislation, policies, and funding opportunities. Many states will need to allocate the tobacco settlement monies each year. No states have made allocations to the end of the payment period. In fact, since many states have not yet even begun making allocations, there may still be time to add your persuasive input to the decision making process for initial allocations.

STEP 10: Evaluate What Happened*

Take time to continually evaluate the process and outcome of your efforts. Use that information to improve your advocacy efforts. If your efforts don't work, consider carefully the steps that may have been ineffective and focus your attention on developing more effective strategies. Keep reminding yourselves why you are working hard to advocate monies for tobacco prevention and control, and the potential impact that tobacco may have on the AAPI community if tobacco use is not curbed.

---

*Please refer to the APPEAL educational kit, *Integrating Evaluation into Tobacco Programs for Asian American and Pacific Islander Communities,* for more information on program evaluation.

Endnotes

[1] This figure is roughly calculated based on AAPIs at 4% of the U.S. population in 2000.

[2] Division of Adult and Community Health, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention, *Behavioral Risk Factor Surveillance System Online Prevalence Data*, 1995-2000.

[3] Levin B, Nachampassach S, Xiong R. Cigarette smoking and the Laotian refugee. *Migrant World* 1988;16(4):33-5.

[4] Rumbaut RG. Portraits, patterns, and predictors of the refugee adaptation process. In: Haines DW, editor. *Refugees as Immigrants.* Totowa, NJ: Routtan and Littlefield, 1989.

[5] Marshall M. The second fatal impact: cigarette smoking, chronic disease, and the epidemiological transition in Oceania. *Soc Sci Med* 1991;33:1327-42.

[6] Curb JD, Aluli NE, Kautz JA, Petrovich H, Knutsen SF, Knutsen R, et al. Cardiovascular risk factor levels in ethnic Hawaiians. *Am J Public Health* 1991;81(2):164-7.

[7] Lew R, Moskowitz JM, Wismer BA, Min K, Kang SH, Chen AM, Tager IB. Correlates of cigarette smoking among Korean American adults in Alameda County, California. *Critical Research and Data Issues on Tobacco Use, Prevention, and Control for Asian Americans and Pacific Islanders. A Compendium of Scientific Articles.* A*sian American and Pacific Islander Journal of Health*, Winter-Spring 2001; 9(1):49-60

[8] Muggli M, Pollay R, Lew R, Joseph AM. Targeting of Asian Americans and Pacific Islanders by the tobacco industry: Results from the Minnesota Tobacco Document Depository. Unpublished.

[9] Wildey MB, Young RL, Elder JP, et al. Cigarette point of advertising in ethnic neighborhoods in San Diego, California. *Health Values* 1992;16 (1):23-8.

[10] U.S. Business Reporter. Alcohol & Tobacco Industry Profile, October 2000. http://www.activemedia-guide. com/alcotobacc_ industry.htm

[11] U.S. Federal Trade Commission. *Cigarette Report for 1999*, 2001. http://www.ftc.gov/bcp/menu-tobac.htm

[12] Campaign for Tobacco-Free Kids. Q's and A's Regarding the Federal Tobacco Lawsuit. July 15, 2001.

[13] Campaign for Tobacco-Free Kids. *Show Us the Money: An Update on the States' Allocation of the Tobacco Settlement Dollars. A Report by the Campaign for Tobacco-Free Kids, American Cancer Society, American Heart Association, and American Lung Association.* January 15, 2002.

Bibliography

Asian Pacific Partners for Empowerment and Leadership. *Conducting Needs Assessments for Tobacco Control in Asian American and Pacific Islander Communities.* Oakland, CA, 2001.

Asian Pacific Partners for Empowerment and Leadership. *Critical Research and Data Issues on Tobacco Use, Prevention and Control for Asian Americans and Pacific Islanders. A Compendium of Scientific Articles. Asian American and Pacific Islander Journal of Health.* Winter-Spring 2001.

Asian Pacific Partners for Empowerment and Leadership. *Integrating Evaluation into Tobacco Programs for Asian American and Pacific Islander Communities.* Oakland, CA, Winter 2001.

Asian Pacific Partners for Empowerment and Leadership. *Making Tobacco Relevant for Asian American and Pacific Islander Communities.* Oakland, CA, Winter 2000.

Campaign for Tobacco-Free Kids. *Show Us the Money: An Update on the States' Allocation of the Tobacco Settlement Dollars. A Report by the Campaign for Tobacco-Free Kids, American Cancer Society, American Heart Association, and American Lung Association.* January 15, 2002.

Centers for Disease Control and Prevention. *Best Practices for Comprehensive Tobacco Control Programs — August 1999.* Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, August 1999.

Centers for Disease Control and Prevention. *Investment in Tobacco Control: State Highlights — 2001.* Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2001.

U.S. Department of Health and Human Services. *Healthy People 2010: Understanding and Improving Health.* 2nd ed. Washington, DC: U.S. Government Printing Office, November 2000.

U.S. Department of Health and Human Services. *Tobacco Use Among U.S. Racial/Ethnic Minority Groups — African Americans, American Indians and Alaska Natives, Asian Americans and Pacific Islanders, and Hispanics: A Report of the Surgeon General.* Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 1998.

Glossary and Abbreviations

Coalition: A group of individuals representing diverse groups or organizations within a defined community who agree to work together to achieve a goal.

Evaluation: An ongoing, systematic way to determine the effects of your activities or program on the participants and on the community. Evaluation documents your successes and challenges, which will help identify areas for improvement.

FDA: U.S. Food and Drug Administration

Health Disparities: Differences in the health status, burden of illness, and death in certain population groups, such as racial and ethnic minorities, when compared to the U.S. population as a whole. Health disparities may result from poverty, lack of access to quality health services, environmental hazards in homes and neighborhoods, the need for effective prevention programs tailored to specific community needs, and sociopolitical factors.

Master Settlement Agreement (MSA): The legal agreement between 46 states, Puerto Rico, the U.S. Virgin Islands, American Samoa, the Northern Mariana Islands, Guam, and the District of Columbia and the major tobacco companies in the U.S. Signed in November 1998, the Master Settlement Agreement collectively settled the states and territories' individual lawsuits against the tobacco industry for $206 billion to be paid to the states and territories over 25 years. The settlement did not specify how the money should be spent; instead, each state or territory will decide how to spend their settlement dollars.

Media Advocacy: The strategic use of mass media and community organizing to advance a social or public policy initiative.

Needs Assessment: A process for collecting information to understand your community's concerns, characterizing its needs and resources, and eventually working together to respond to the issues identified.

Public Health: The science and art of preventing disease, prolonging life, and promoting health through organized community efforts. Public health differs from medicine because of its focus on prevention.

Secondhand Smoke (also known as "environmental tobacco smoke" or "ETS"):
Smoke emitted from the burning ends of cigarettes and the smoke exhaled by smokers. Secondhand smoke cannot be controlled by ventilation, air cleaning, or spatial separation of smokers from nonsmokers.

Sponsorship: In the past, the tobacco industry has given funds to AAPI organizations in order to develop relationships with AAPI communities. The ability to enact strong tobacco control and prevention measures can be compromised by the receipt of tobacco industry monies; those individuals and organizations who have accepted funding may find it difficult to speak out in the area of tobacco control.

Tobacco Prevention and Control: Programs or activities designed to reduce disease, disability, and death related to tobacco use by preventing youth from starting to smoke, promoting quitting among youth and adults, implementing public policies to protect people from secondhand smoke, and identifying and eliminating disparities related to tobacco use and its effects on different population groups.

Tobacco Settlement: In this kit, the term refers to the legal agreement between a state or a territory and the tobacco companies it is suing. The settlement ends the state or territory's lawsuit against the tobacco companies.

Additional Tobacco Settlement Resources

American Legacy Foundation
1001 G Street NW, Suite 800
Washington, DC 20001
Phone: (202) 454-5555
http://www.americanlegacy.org

Campaign for Tobacco-Free Kids
1400 Eye Street, Suite 1200
Washington, DC 20005
Phone: (202) 296-5469
http://tobaccofreekids.org

Centers for Disease Control and Prevention

National Center for Chronic Disease Prevention and Health Promotion

Office on Smoking and Health
4770 Buford Highway NE
Mailstop K-50
Atlanta, GA 30341-3717
Phone: (800) CDC-1311
http://www.cdc.gov/tobacco

National Association of Attorneys General
750 First Street, NE, Suite 1100
Washington, DC 20002
Phone: (202) 326-6000
http://www.naag.org

National Conference of State Legislatures
444 North Capitol Street NW,
Suite 515
Washington, DC 20001
Phone: (202) 624-5400
http://www.ncsl.org/programs/health/tobacco.htm

SmokeLess States National Program Office
American Medical Association
515 North State Street, 8th Floor
Chicago, IL 60610
Phone: (312) 464-4903
http://www.ama-assn.org/ama/pub/category/3229.html

Notes:

Have questions? Call, write, or e-mail us at:
APPEAL 439 - 23rd Street, Oakland, CA 94612
Phone: (510) 272-9536, fax: (510) 272-0817, e-mail: appeal@aapcho.org
Also check APPEAL's web page at www.appealforcommunities.org

APPEAL

Asian Pacific Partners for Empowerment and Leadership (APPEAL) is a national network of individuals and organizations committed to working towards a tobacco-free Asian American and Pacific Islander (AAPI) community. APPEAL's mission is to prevent tobacco use and improve the health status in the AAPI community through network development, capacity building, education, advocacy, and leadership.

This kit was made possible through funding by the Campaign for Tobacco-Free Kids

CAMPAIGN for TOBACCO-FREE Kids®

Staff
Rod Lew, MPH, Project Director • Tonya L. Lang, MPH, CHES, Deputy Project Director • Karen Rezai, MPH, Program Coordinator • Duong-Chi Do, Program Coordinator • Kristy Chin, Program Assistant

Consortium
Asian American and Pacific Islander Health Promotion, Inc. (Moon Chen, Jr., PhD, MPH)
Asian & Pacific Islander American Health Forum (Joon-Ho Yu, Tessie Guillermo)
National Asian Pacific American Families Against Substance Abuse (Ford Kuramoto, DSW)

Advisory Committee
Dileep Bal, MD, MPH • Ky Ban • Barbara Benavente • Mary Anne Foo, MPH • Martin Quach Huynh Ha, MPA • Kaying Hang, MPH • Reginald C.S. Ho, MD • Elaine Ishihara, MPA • Percival Leha`uli • Sarah Mesa • Neil Parekh • Robin Shimizu • Dong Suh, MPP • Sora Park Tanjasiri, MPH, DrPH • JoAnn Tsark, MPH

Advisory Emeritus
Jacqueline Jamero Bergario • Kim Ku`ulei Birnie • Henry Chung, MD • Senator Lou Leon Guerrero, MPH • Chris Jenkins, MA, MPH • Howard Koh, MD, MPH • Phuong Ngo, MPA • Tam Phan • Oh Sourichanh

Writers: Tonya L. Lang, Rod Lew, Rowena Esquieres, Joon-Ho Yu •

Editors/Reviewers: Stacy Lavilla, Elaine Ishihara, Karen Rezai, Duong-Chi Do, Kristy Chin •

Graphic Designer: Vickie Ho • **Printer:** JT Litho

© APPEAL 2002